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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AMENDMENT
Group Art Unit 3738
Examiner Bruce E. Snow

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 09/921,844
Gary K. Michelson
Filed: August 3, 2001
SPINAL IMPLANT SURFACE CONFIGURATION
Attorney Docket No. 101.0084-01000
Customer No. 22882
Confirmation No.: 8295

FROM:

Name: Amedeo F. Ferraro, Esq.

Phone No.: 310-286-9800

No. of Pages (including this): 24

Date: October 9, 2007

Confirmation Copy to Follow: NO

Message:

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David M. Kogan

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FORM PTO-1083

Attorney Docket No.: 101.0084-01000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

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Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated July 9, 2007 in the above-identified application.

☒ No additional fee is required.☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | ADD'L FEE DUE |
|---|---|---|---|-------------------------------|--|------------------|
| TOTAL CLAIMS FEE | 117 | - | 127 ** | 0 | LG=\$50 SM=\$25 | \$50 \$ 0 |
| INDEPENDENT CLAIMS FEE | 3 | - | 3 *** | 0 | LG=\$200 SM=\$100 | \$200 \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180 | \$ 0 |
| TOTAL | | | | | | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ The total amount of \$***.00 to cover the ***-month extension fee is to be charged to Deposit Account No. 50-3726.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

By: 

Amedeo F. Ferraro

Registration No. 37,129

Date: October 9, 2007

1557 Lake O'Pines Street, NE
Hartsville, Ohio 44632
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|---|---|---|---|-------------------------------|--|-------|------------------|
| TOTAL CLAIMS FEE | 117 | - | 127 ** | 0 | LG=\$60 SM=\$25 | \$50 | \$ 0 |
| INDEPENDENT CLAIMS FEE | 3 | - | 3 *** | 0 | LG=\$200 SM=\$100 | \$200 | \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180 | | \$ 0 |
| TOTAL | | | | | | | \$ 0 |

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Respectfully submitted,

MARTIN & FERRARO, LLP

Date: October 9, 2007

By: 

Amadeo F. Ferraro

Registration No. 37,129

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Hartsville, Ohio 44632
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P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In reply to the Office Action dated July 9, 2007, please amend the application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 16 of this paper.

Amendment 10-09-07